**Bill of Supply**

(GST Non- Register)

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| --- | --- | --- |
| Vendor Name  Vendor Address  Vendor Contact No.  Vendor Pan No.  Vendor E-mail ID | Sapna Chawla  No.6,4th Cross, Sindhi Colony, Assaye road, Bangalore 560005  9886019985  AFIPC0244B  sapnachawla@live.com | |
| Invoice Date – 27/01/25  Invoice No – 05  Project Name - Akira  Project No - 20250150 | | **Billing to:**  Market Xcel Data Matrix Pvt Ltd  No.135, Oblique 1, 2nd Floor,  Lal Bagh Road, Old Mission Compound,  Opp Garuda Maruthi Show room  Bangalore - 560027 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Date** | **Description of the Service** | | **Category Type** | **No. of Units/Mins. & Duration** | **Per Unit Price** | **Total Amount (₹)** |
| 1 | 24/01/25 | Moderation | | Clt | Man day 2 | 10000 | 20000 |
| 2 | 25/01/25 |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  | | | **Grand Total (₹)** | | | | 20000 |

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| **Grand Total in Words (Rupees): Twenty thousand only/-** |

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| Beneficiary Name: - Sapna S Chawla  Bank Name: - Karnataka Bank  Bank Account No.: -4842500102689001  Bank IFSC Code: - KARB0000571 |
| **(Signature)** |